

# INDIANA SURETY BAIL AGENTS ASSOCIATION MEMBERSHIP FORM

## 2016-2017

Membership Type:      Individual (voting) \$150.00                      Supervising Agent (Voting) \$400.00\*  
(Please Check one)

Are you registering for the 05/10/2016 Class?  
(Please Check One)    YES

Date \_\_\_\_\_

NO

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Counties you write in: \_\_\_\_\_

Insurance companies you write for: \_\_\_\_\_

\_\_\_\_\_

**Please Make checks payable to ISBAA , and mail to 5153 N. Shadeland Ave., Indianapolis, Indiana 46226**

Definition of Supervising Agency – ISBAA By Laws Section III, Article 2

*“Supervising Agency” shall be defined as an insurer or an employee, person, or agency that is an indemnifying agent or other entity that owns or controls a Build-Up-Fund, a record of which is on file with the Indiana Department of Insurance, and that supervises, manages, and/or oversees one or more sub-agent(s) that report directly to that agent, insured, employee or person.*

*\*Supervising Agent is entitled to two (2) voting members with their registration. Submit a differnet application for each member.*

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Date Received \_\_\_\_\_ Check# \_\_\_\_\_ Amount \$ \_\_\_\_\_ Balance \$ \_\_\_\_\_